



**Congressman William L.  
Jenkins  
1708 Longworth House Office  
Building  
Washington, DC 20515**

**Application For Internship**

Please type or print legibly:

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

University/College \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Expected date of Graduation: \_\_\_\_\_

Permanent Address

School Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Phone Number

School Phone Number

\_\_\_\_\_

\_\_\_\_\_

Are you applying for this internship through a school program? YES \_\_\_ NO \_\_\_

What semester are you applying for: Spring \_\_\_ Year \_\_\_  
Summer \_\_\_  
Fall \_\_\_

What is the exact date that you will be available for the Internship? \_\_\_\_\_

What is the last day you would be able to serve? \_\_\_\_\_

Will you receive school credit for this internship? YES \_\_\_ NO \_\_\_

Please include a one page resume, a brief essay listing your reasons for applying for this internship, and a list of three references with this application.